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## REQUEST

## **FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL**

Address to: **Commissioner for Patents** Box RCE Washington, DC 20231

Submission required under 37 CFR §1.114

Application Number	09/441,832			
Filing Date	November 17, 1999			
First Named Inventor	I.awson			
Art Unit	1619			
Examiner Name	Berman, Alysia			
Attorney Docket Number	98.41UŞ-RCE			
4444.500				

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTQ ) on page 2.

	a. 📋 Previously submitted								
	i. Consider the amendment(s)/reply under 37 CFR §1.116 previously filed on								
	(Any unentered amendment(s) referred to above will be entered).								
	ii. Consider the arguments in the Appeal Brief or Reply Brief previously filed on								
	b. ⊠ Enclosed	<del></del>							
		dment/Reply			re Statement (IDS)				
	ii. 🗆 Affida	/it(s)/Declaration(s)	iv. Dother Pro	eliminar	y Amendment				
	2. Miscellaneous								
	•	ension of action on the above-identified application is requested under 37 CFR §1.103(c) for							
	а релоd of b. □ Other	a period of months (Period of suspension shall not exceed 3 months; Fee under 37 CFR§1.17(i) required)							
	3. Fees The RCE fee under 37 CFR §1.17(e) is required by 37 CFR §1.114 when the RCE is filled.								
a. 🗵 The Director is hereby authorized to charge the following fees, or credit any overpayments, to									
Deposit Account No. 05-1320									
10/11/2002 HIENDY 1000 013 RGF fee required under 37 CFR §1.17(e) 740.90 ii. Strension of time fee (37 CFR §§1.136 and 1.17) \$7/0.90									
01 FC:179 7號.0窓CH Other any additional fees which may be required									
	b.  Check in the amount of \$ enclosed								
	C. Payment by credit card (Form PTO-2038 enclosed)								
	WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
	SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED								
	Name (Print/Type)	Dorene M. Price		Registra	ation No. (Attorney / Agent)	43,018			
	Signature	Donne	سدم	Date	September 26, 2002				
	CERTIFICATE OF MAILING OR TRANSMISSION  I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in								
	an envelope addressed to: Commissioner For Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U.S. Patent and Trademark								
	Name (Prot/Type) Derene M. Price								
(	Signature	Brenet	ici	Date	September 26, 2002				
	Burden Hour Statement: This	form is estimated to take 0.2	hours to complete. Time will vary	depending	upon the needs of the indivi	idual case. Any comments on			

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## **Fax Cover Sheet**

DATE:

September 26, 2002

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4:57 PM

TO:

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RE:

FROM:

Request for Continued Examination (S/N 09/441,832)

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Message

Please see the attached request for continued examination...

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